



MODEL RELEASE FORM

Thank you for allowing GEMS Girls' Clubs to photograph you and/or your child. We will use the photographs exclusively for purposes related to the ministry. We appreciate your support of the important Kingdom building work we do.

MODEL INFORMATION

NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

PHONE _____ EMAIL _____

SIGNATURE (IF 18 OR OLDER) _____ DATE _____

PARENT(S) OR GUARDIAN(S)

Parent warrants and represents that Parent is the legal guardian of Model, and has the full legal capacity to consent to this photo/video shoot and to execute this release OF ALL RIGHTS IN MODEL'S IMAGES. It is understood by the Parent that the photos/images will be used in GEMS publications for purposes in keeping with the mission and goals of the ministry

PARENT NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

PHONE _____ EMAIL _____

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

YEAR: _____ MAGAZINE ISSUE AND FEATURE: _____